

United States Bankruptcy Court For the Eastern District of Virginia Richmond Division		PROOF OF CLAIM Chapter 11								
Name of Debtor: Circuit City Stores, Inc.		Case Number: 08-3-5653 KRH								
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.										
Name of Creditor (The person or other entity to whom the debtor owes money or property): Charles County, Maryland	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.									
Name and address where notices should be sent: Charles County, Maryland c/o Meyers, Rodbell & Rosenbaum, P.A. 6801 Kenilworth Avenue, Suite 400 Riverdale, Maryland 20737-1385	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.									
Telephone No. 301-699-5800										
Account or other number by which creditor identifies debtor: F01227743	Check here <input type="checkbox"/> replaces a previously filed claim dated if this claim: <input type="checkbox"/> amends									
1. Basis of claim: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) Fiscal Year 2009 Personal Property Taxes </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and commissions (fill out below) Last four digits of SS#: _____ Unpaid compensation for services performed from _____ to _____ </div> </div>										
2. Date debt was incurred: Date of Finality: 1/1/2008 Due Date: 7/1/2008	3. If court judgment, date obtained:									
4. Total Amount of Claim at Time Case Filed: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(unsecured)</td> <td style="width: 33%; text-align: center;">(secured)</td> <td style="width: 33%; text-align: center;">(priority)</td> <td style="width: 33%; text-align: center;">(Total)</td> </tr> <tr> <td style="text-align: center;">\$14,363.49</td> <td style="text-align: center;">\$14,363.49</td> <td></td> <td style="text-align: center;">\$14,363.49</td> </tr> </table>			(unsecured)	(secured)	(priority)	(Total)	\$14,363.49	\$14,363.49		\$14,363.49
(unsecured)	(secured)	(priority)	(Total)							
\$14,363.49	\$14,363.49		\$14,363.49							
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.										
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Personal Property Taxes Value of Collateral: Unknown Amount of arrearage and other charges at time case filed included in secured claim, if any: \$14,363.49	7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)*, earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>									
6. Unsecured Nonpriority Claim <input type="checkbox"/> Check this box if: a) there is no collateral of lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.										
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">DEC 22 2008</div> <div style="font-size: 0.8em; font-weight: bold;">KURTZMAN CARSON CONSULTANTS</div>								
Date: 12/16/2008	Sign and print the name and title, if any, of the creditor or person authorized to file this claim (attach copy of power of attorney, if any) /s/M. Evan Meyers, Counsel for Charles County, Maryland									

COPY

EXHIBIT "A"

PROOF OF CLAIM BY
CHARLES COUNTY, MARYLAND
FOR PERSONAL PROPERTY TAX PROPERTY TAXES
IN THE BANKRUPTCY OF
CIRCUIT CITY STORES, INC.
CHAPTER 11 CASE NO. 08-3-5653 KRH

In regard to: Personal Property Tax Account Number F01227743

The fiscal year 2009 Personal Property Tax bill is based on an assessment made as of January 1, 2008, became due on July 1, 2008, and will become delinquent as of February 1, 2009. As to this account, claimant claims base tax in the amount of \$14,363.49 as of the petition date, November 10, 2008. From February 1, 2009, interest accrues at the statutory rate of 12% per annum on the amount of \$14,363.49 in the monthly amount of \$143.63 per month until the tax is paid in full.

Tax Lien

The above-referenced taxes constitute a first lien on the property owned by the Debtor located in Charles County, Maryland pursuant to Sections 14-804 and 14-805 of the Tax Property Article of the Annotated Code of Maryland.


**CHARLES COUNTY
MARYLAND**

P.O. Box 2607, La Plata, MD 20646
301-645-0685 or 301-870-2249

2008-2009 Corporation

BILL NUMBER	BILL DATE	LIBER	FOLIO	PROPERTY NUMBER
085130068	12/04/2008			F01227743

**Payment due upon receipt. No partial payments accepted. Failure to receive tax bill does not excuse payment of taxes, interest or penalty.
IT IS THE TAXPAYER'S RESPONSIBILITY TO FORWARD THE TAX BILL TO THE LENDING INSTITUTION FOR PAYMENTS.**

CIRCUIT CITY STORES, INC.
ATTN: TAX DEPT
9954 MAYLAND DR DR3 6TH FLR
RICHMOND VA 23233-1463

COUNTY ASSESSMENT: 559.980			PAYMENT IN FULL			CONSTANT YIELD TAX RATE		
STATE ASSESSMENT:			PAYMENT AMOUNT SHOWN FOR MONTH OF PAYMENT			County Tax Rate = 1.026		
						CYTR = .941		
						County Rate exceeds CYTR by .090		
TYPE	RATE	AMOUNT	MONTH	INTEREST	PAYMENT	IMPORTANT: See notes on reverse side Make checks payable to: Jerome E. Peuler, Jr. Charles County Treasurer P.O. Box 2607 La Plata, MD 20646-2607 Phone: 301-645-0685 or 301-645-0686 or 301-870-2249 Maryland Relay Service TDD# 1-800-735-2258 or 7-1-1 www.charlescounty.org E-mail: Treasurer@charlescounty.org INTEREST AND PENALTY OF 1% PER MONTH BEGINS ON THE APPROPRIATE DELINQUENT DATE.		
CNTY	2.4050	13,467.52						
FIRE	.1600	895.97						
			INTEREST & PENALTY OF					
			1% PER MONTH BEGINS 2/01/2009					
TOTAL TAXES IF PAID IN FULL		14,363.49						

SEMIANNUAL PAYMENT SCHEDULE

This bill is for personal property. The semiannual payment schedule is not applicable for this type of property tax bill.

Semiannual payment schedule is only applicable for Full Year Real Property designated Principal Residence.

1st Semiannual Payment must be received by September 30. If the 1st semiannual payment is late, this payment schedule is no longer available.

2nd Semiannual Payment includes the State and County service charges. Interest on the 2nd Semiannual Payment amount will accrue after December 31.

2nd SEMIANNUAL PAYMENT

2008-2009 Corporation


**CHARLES COUNTY
MARYLAND**

P.O. Box 2607, La Plata, MD 20646

Please indicate any change in mailing address below

CIRCUIT CITY STORES, INC.
ATTN: TAX DEPT
9954 MAYLAND DR DR3 6TH FLR
RICHMOND VA 23233-1463

BILL NUMBER	BILL DATE	DELINQUENT DATE	PROPERTY NUMBER
085130068	12/04/2008	2/01/2009	F01227743

**2ND SEMIANNUAL PAYMENT**

N/A

**ONLY RETURN THIS PAYMENT STUB WHEN REMITTING 2ND SEMIANNUAL PAYMENT.
PLEASE WRITE YOUR PROPERTY NUMBER ON YOUR CHECK TO ENSURE PROPER CREDIT.
Make checks payable to JEROME E. PEULER, JR., Charles County Treasurer.**

